FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

288 APR -1 PM 4: 22

OFFICE MAIL CENTER

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Veterans f	or liberty	Super PAC		<u> </u>
	<u> </u>	<u> </u>		
ADDRESS (number and street)	[P. Q- , 8, 0, x, , 3,0	794		
▼ Check if different				
than previously reported. (ACC)	18e+he5da		MD 203	2,41-
2. FEC IDENTIFICATION N	NUMBER ▼ CIT	YA	STATE A	ZIP CODE A
C00.6,150	<i>n</i> 0 <i>s</i>	S THIS NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	Report 🔤	20 (M2) May 20 (M5	5) Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	20 (M3) Jun 20 (M6) Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15	Apr	20 (M4) Jul 20 (M7)	h-d	Jan 31 (YE)
Quarterly Report	(C) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report	(Q2) PRE-Election Report for the:	Convention (12C)	Special (12S)	
Quarterly Report January 31 Year-End Report	Election	n on	Anna Cara Son franklinn Caralisa Caralis	in the State of
July 31 Mid-Year Report (Non-elect Year Orbiy) (MY)	(d) 30-Day	General (30G)	Runoff (30R)	Special (30S)
Termination Repo (TER)		n on		in the State of
5. Covering Period	3 (18 80)	through	7 76 20	12
I certify that I have examined	this Report and to the best of	my knowledge and belief it is	true, correct and comple	te.
Type or Print Name of Treasur	rer ZMBETY ANGLET	~ WH		
Signature of Treasurer	rer Zakery Andre		Date 03 1	8 2013
NOTE: Submission of false, erro	neous, or incomplete information	n may subject the person signing	this Report to the penalti	es of 2 U.S.C. §437g.
Office Use				FORM 3X
1 200	1 1	1 1	1 1	Rev. 12/2004

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name Ve Hrans for Liberty	Super PAC	
Report Covering the Period: From:	TATE AND A TOTAL T	o: 09 / 16 / 2013
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
i. (a) Cash on Hand January 1,		and the second
(b) Cash on Hand at Beginning of Reporting Period		
(c) Total Receipts (from Line 19)	para mangananang para magananang ina na ngananang mananang mananang mananang mananang mananang mananang manana Manananang manananang mananananananan manananananan manananan	and the second s
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$x_1, x_2, \dots, x_n \in \mathbb{R}^n$	
7. Total Disbursements (from Line 31)	ราว เกราะ เป็น เลาะเล่า เรื่องเลาะกรรฐานเลยเล่า เลาะ รู้ การเลาะ สามารถเลาะสมารถและเล่า เลาะเล่า เลาะสมารถเลาะสมารถเลาะสมารถและเล่า เลาะสมารถเลาะสมารถเลาะสมารถเลาะสมารถและเล่า เลาะเล่า	
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	สสเรียมกับ รามกฎสเพลาะกรูงแห่งสมผูนสสเพลาะกู พ. พ.ศ	e a managantanan garaman ngananan nga sa nanganan nangan an may an anang as a may man naganan n Tan manil na manil na manil di annan di an manil na manil na manil na cantanan da na manil na na manil na mana
the Committee (Itemize all on Schedule C and/or Schedule D)	द्र न्यानाम्बर्कान्यम् द्विताम्बर्कान्यम् स्थापन्यम् स्थापन्यम् स्थापन्यम् स्थापन्यम् स्थापन्यम् स्थापन्यम् स् स्थापन्यम् स्थापन्यम् स्थापन्यम् स्थापन्यम् स्थापन्यम् स्थापन्यम् स्थापन्यम् स्थापन्यम् स्थापन्यम् स्थापन्यम्	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
This committee has qualified as a multi	candidate committee. (see FEC FORM 1M)	
	For further information contact:	
•	Fodoral Floation Commission	

ederal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

DETAILED SUMMARY PAGE of Receipts FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name From: To: Report Covering the Period: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Scheduln A)..... (ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii).....▶ (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)..... (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))........▶ 20. Total Federal Receipts

(subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003) COLUMN A **COLUMN B** II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures:
(a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share (ii) Non-Federal Share...... (b) Other Federal Operating Expenditures (c) Total Operating Expenditures 22. Transfers to Affiliated/Other Party Committees...... Contributions to Federal Candidates/Committees and Other Political Committees. 24. Independent Expenditures 26. Loan Repayments Made..... (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contribution Refunds (ada Lines 28(a), (b), and (c))...........▶ 29. Other Disbursements 30. Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds (c) Total Federal Election Activity (add ... Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

111.	Net Contributions/Operating Ex-	COLUMN A	COLUMN B
	penditures	Total This Period	Calendar Year-to-Date
33.	Total Contributions (other than loans)		
34.	(from Line 11(d), page 3)		
35.	(from Line 28(d)) Net Contributions (other than loans)		territorio de la companya del la companya de la companya de la companya del la companya de la companya de la companya del la companya de la companya de la companya del la companya de la companya de la companya del
	(subtract Line 34 from Line 33)		new the secular medical transfer and transfer and transfer and transfer and transfer and transfer and transfer
	(add Line 21(a)(i) and Line 21(b)) Offsets to Operating Expenditures		ter and the second control of the second con
	(from Line 15, page 3) Net Operating Expenditures	manus in a marina and the market was a first of the market manufacture. The market manus	And the second s
.	(subtract Line 37 from Line 36)	and the second s	

SCHEDULE A (FEC Form 3X)		. Use separate schedule(s)	FOR LINE NUMBER: PAGE OF (check only one)											
IT	EMIZED RECEIPTS		for each category of the) (C	一 ' '	_		П.,	_	٦,,				
			Detailed Summary Page		- 11a	Н	11b 14	110	· -	12 16	17			
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	for commercial purposes, other than using the r													
	NAME OF COMMITTEE (In Full) VETERANS IN LIDER BY	المرا	PAC											
\angle	VCICION TO CIBITAL	1 A Ala	140							•				
A.	Full Name (Last, First, Middle Initial)				Date of	f Re	ceipt							
	Mailing Address	<u>.</u>		7	-	/	Lan.	5" / [n Canadan	Anti-chat	77			
	Citý	State	Zip Code											
		Ciale			Amount	t of	Each I	Receipt	this	Period				
	FEC ID number of contributing							-						
	federal political committee.				la	e Marrow d	E			milio or C	a.s.a.			
	Name of Employer	Occupation												
	Receipt For:	Aggregate	Year-to-Date ▼	\dashv										
	Primary General													
	Other (specify) ▼	Lamine Sec	All the Control of th											
В.	Full Name (Last, First, Middle Initial)				Date of	Pe	caint							
ø.	Mailing Address				Date of Receipt									
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	City	State	Zip Code	-	A		Ench!	Dagair:	- اماه	Deria				
	FEC ID number of contributing	7	ale viloralemente de la company	\dashv	Amount			•						
	federal political committee.	C.	edininkan Canada a n Canada		Louis	-××			handa,	andra (1	Lambaco			
	Name of Employer	Occupation	,	\dashv										
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	Receipt For: Primary General		Year-to-Date ▼	,										
	Other (specify) ▼	2	Adama											
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C.	Full Name (Last, First, Middle Initial)				Date of	i Re	ceipt							
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	City	State	Zip Code	-			Į		an dicum	en de la composición	onesed .			
				╬	Amount	of	Each I	Receipt	this	Period	·····			
FEC ID number of contributing federal political committee. Name of Employer Occupation		C	and the second description of the second des			riffer-va	బ్నాగు చుర్హుగ	and a said	annent June	an an Samurana Militaria				
			. A realizable and an all and a second		& condition	elle, esse	#Nevalu	ene Universit		× 1	<u>k-4</u>]			
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	Receipt For:		Year-to-Date ▼	\dashv										
	Primary General	American American	and the control of th											
	Other (specify) ▼	Landensiin	in serious Character and Baselines San Ch											
Γ					Locations	Zimna	ស ^{្តែ} យភាស រីរ ស	em Service di	anara Geno	r action most	Seminal heracing			
L	SUBTOTAL of Receipts This Page (optional)		>								imako j			

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X) FOR LINE NUMBER: (check only one) Use separate schedule(s) ITEMIZED DISBURSEMENTS

•			category of Summary Pa				21b 27	\Box	22 28a		23 28		24 28c		25 29		26 30b	
	ny information copied from such Repo for commercial purposes, other than																	
	NAME OF COMMITTEE (In Full)																	
۹.	Full Name (Last, First, Middle Initial) Mailing Address				•				C Commence of	ate of	Dis	bur	rseme	nt	7-W		V*)	
	City		State	Zip Code														
	Purpose of Disbursement Candidate Name					Cate Ty	mone Ess	y/		and the same	fasco::	(Cana	entire de la company de la com	bursem	~	ageneral a	eriod	
	Office Sought: House Senate President State: District:	Disbursen	nent For: Primary Other (spe	☐ Gene	ral													
3.	Full Name (Last, First, Middle Initial) Mailing Address									ate of			seme		TY.	odkovenska	Ÿ	
	City Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District:	Disbursen	nent For: Primary Other (spe	Zip Code Generality)		Cate	exet:		Service Services	oneron Commons	Zen me	elikana	wig-wan-sp	bursem	Ž.xxx	of same all a	eastless	
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	City Purpose of Disbursement Candidate Name		State	Zip Code		Cate			A	urw addresses	guren.	mmogr.		bursem	f	akthracera ét se	eriod	
	Office Sought: House Senate President State: District:	l . ii	nent For: Primary Other (spe	Generation Generation	ral									•	1			
s	SUBTOTAL of Disbursements This Page	ge (optional)		· · · · · · · · · · · · · · · · · · ·				<u> </u>	Supply and a second			455	ر د د دواوه است ال	arregerie	gaer	نوسمر دامرید		3
т	OTAL This Period (last page this line	number only)						<u> </u>	Comment	energisens	(-35	grund Grund			

PAGE

OF

SCHEDULE C (FEC Form 3X) PAGE OF Use separate schedule(s) **LOANS** for each category of the FOR LINE 13 OF FORM 3X **Detailed Summary Page** NAME OF COMMITTEE (In Full) Vet Prans for Liberty Suppr PAL LOAN SOURCE Full Name (Last, First, Middle Initial) Election: **Primary** General Mailing Address Other (specify) ZIP Code City State Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan TERMS Date Incurred Date Due Interest Rate Secured: Yes % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount City State ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount

•	Secretary and the second secretary and the second s
SUBTOTALS This Period This Page (optional)	The state of the s
FOTALS This Period (last page in this line only)	a transference de mande de la company de
TOTALS THIS PERIOD (last page in this line only)	
Carry outstanding balance only to LINE 3. Schedule D. for this line If no Schedule D. carr	v forward to appropriate line of Summary

Guaranteed
Outstanding:

Name of Employer

Occupation

Guaranteed

Outstanding:

Amount

State

State

ZIP Code

ZIP Code

City

City

Mailing Address

4. Full Name (Last, First, Middle Initial)

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463							
NAME OF COMMITTEE (In Full) Veter ans fiv Liberty Super PA	L	FEC IDENTIFICATION NUMBER					
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan Interest Rate (APR)						
Mailing Address City State Zip Code	Date Incurred or Established Date Due						
A. Has loan been restructured? No Yes B. If line of credit, Amount of this Draw: C. Are other parties secondarily liable for the debt incurre							
	st be reported on Schedule C.) pan: real estate, personal deposit, chattel papers, similar traditional collateral?	What is the value of this collateral? Does the lender have a perfected security interest in it? No Yes What is the estimated value?					
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:	รามา และสาราชาการการการการการการการการการการการการการ					
Date account established: F. If neither of the types of collateral described above was	Address: City, State, Zip:	emount pladaed does not equal or exceed					
the loan amount, state the basis upon which this loan to	was made and the basis on whi	ch it assures repayment.					
Typed Name Signature		DATE					
H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the ten are accurate as stated above. II. The loan was made on terms and conditions (including similar extensions of credit to other borrowers of III. This institution is aware of the requirement that a complied with the requirements set forth at 11 CF.	cluding interest rate) no more fav comparable credit worthiness. I loan must be made on a basis	orable at the time than those imposed for which assures repayment, and has					
AUTHORIZED REPRESENTATIVE Typed Name Signature Title	0	DATE / D TO / Y					

DE

SCHEDULE D (FEC FORM SA)	(Use separate schedule(s)	FAGE OF
DEBTS AND OBLIGATIONS		FOR LINE NUMBER:
Excluding Loans	for each numbered line)	(check only one) 9
	numbered line)	10
NAME OF COMMITTEE (In Full) Veterals for Liberty Super PAC		•
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	Debt (Purpose):
		' · ·
Mailing Address		•
City State Zip Code	· ·	
Outstanding Balance Beginning This Period		
Amount Incurred This Period Payment This Pe	eriod Outstandi	ng Balance at Close of This Period
August mentes the tendence of factorization and a		The state of the s
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of L	Pebt (Purpose):
Mailing Address		
City State Zip Code		
Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period		ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	Debt (Purpose):
Mailing Address		
Other Ti- Order	· · · · · · · · · · · · · · · · · · ·	
City State Zip Code		•
Outstanding Balance Beginning This Period		
Amount Incurred This Period Payment This Pe	eriod Outstandi	ng Balance at Close of This Period
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	hade de la	
1) SUBTOTALS This Period This Page (optional)	>	
2) TOTALS This Period (last page this line number only)	>	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last		

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

EMIZED INDEPENDENT EXPENDITURES	FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Veterans for Liberty Super PAc	00515080
heck if 24-hour report 48-hour report New report Amends report fil	led on
Full Name (Last, First, Middle Initial) of Páyee	Date
Mailing Address	Amount
City State Zip Code	
Type Type	ffice Sought: House State: Senate District: President
Name of Federal Candidate Supported or Opposed by Expenditure: CI	heck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	isbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date , B. D. , V. V. V.
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	ffice Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President Oppose
Calendar Year-To-Date Per Election for Office Sought	isbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Signature Date	0.9 01 2013

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) PAGE ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE OF (2 U.S.C. §441a(d)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) Full Name of Subordinate Committee Has your committee been designated to make coordinated expenditures by a political party committee? YES NO Mailing Address If YSS, name the designating committee: ZIP Code City State Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Type Mailing Address Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Type Mailing Address Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Type Mailing Address Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate

SUBTOTAL of Expenditures This Page (optional).....

TOTAL This Period (last page this line number only)......

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

ME OF COMMITTEE (In Full)					
Neterans for Liberty Super PAC					
USE ONLY ONE SECTION, A or B					
A. State and Local Party Committees					
Fixed Percentage (select one)					
Presidential-Only Election Year (28% Federal)					
Presidential and Senate Election Year (36% Federal)					
Senate-Only Election Year (21% Federal)					
Non-Presidential and Non-Senate Election Year (15% Federal)					
B. Separate Segregated Funds and Nonconnected Committees					
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage					
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check					
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check or					
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or If the committee is spending more than 50% federal funds, indicate ratio below					
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check or If the committee is spending more than 50% federal funds, indicate ratio below Federal					

30	CHEDULE H2 (FEC Form 3X)						
۱ı	LIOCATION RATIOS	PAGE OF					
N/	NAME OF COMMITTEE (In Full). VEHYAYS FOR Liberty Super PAC						
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.							
М	ethods of allocation:						
	 FUNDRAISING activities are allocated using the "funds received method" where the federal projection of monies raised. 	portion of					
	II. Shared DIRECT CARDIDATE SUPPORT activities are allocated according to benefit expected to where the federal proportion of disbursements is based on the benefit derived by federal candidativity. For PACs Only: Direct candidate support includes public communications or voter drives federal and nonfederal candidates, regardless of whether there is a reference to a political party are allocated using a time/space method.	dates from the ac- that refer to both					
	ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %					
	ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	Washington Control of the Control of					
	ACTIVITY OR EVENT IDENTIFIER	<u> </u>					
	ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	NONFEDERAL %					
	ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %					
	ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	Security Considerated Discontinuents					
	ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %					
	ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	A second control of the second					
	ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %					
	ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	Secretary of the second of the					
	ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %					
	ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:						

Same as Previously Reported

Revised

SCHEDULE H3 (FEC Form 3X)

RANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY	PAGE OF					
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY	FOR LINE 18a OF FORM 3X					
NAME OF COMMITTEE (IN FUII) VEHYANS FOY LIBERTY SUPER PAC						
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED					
	tandentimotori					
i) Total Administrative						
ii) Generic Voter Drive						
iii) Exempt Activities						
iv) Direct Fundralsing (List Activity or Event Identifier)						
a)						
Emery with research and a market and a market governed processing and a market						
b)						
c) Total Amount Transferred For Direct Fundraising						
	Marconthumer These clauminimum There is a set in the second the se					
v) Direct Candidate Support (List Activity or Event Identifier)						
Constitution of the second						
b)						
c) Total Amount Transferred For Direct Candidate Support						
g	and the second s					
vi) Public Communications Referring Only to Party (Made by PAC)	Andrew Darker Darker Street					
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED						
TOTAL This Period (Administrative)						
TOTAL This Period (Generic Voter Drive)	A see Change of					
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TOTAL This Period (Public Communications Referring Only to Party)	remail the scale according to the self-complete and the self-compl					
TOTAL This Period (Total Amount Transferred)						

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE.	. OF	
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		<u> </u>		FOR LINE 21a OF FORM 3X
N/	WE OF COMMITTEE (In Full),	er PAc		
A.	Full Name (Last, First, Middle Initial)			Allocated Activity or Event:
	, .	· · ·		Administrative Fundraising Exempt
	Mailing Address			Voter Drive Direct Candidate Support
	City	State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		and the same of th	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:		† L	
			Category/ Type	Date D D D D D D D D D D D D D D D D D D D
	FEDERAL SHARE	+ NONFEDERA	I SHARE	= TOTAL AMOUNT
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<u>—</u> В.	Full Name (Last, First, Middle Initial)			Allocated Activity or Event:
	•			Administrative Fundraising Exempt
	Mailing Address			Voter Drive Direct Candidate Support
	City	State Zip Code	,	Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		T	Allocated Activity or Event Year-To-Date
		•		The same of the control of the same discount of the
	Activity or Event Identifier:	•	. Category/	
		· · · · · · · · · · · · · · · · · · ·	Type	Date Comments Comments of the Comment of the Commen
	FEDERAL SHARE	+: NONFEDERA		TOTAL AMOUNT
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	And Destinated that Destinated	Amerikan der in 25 marken after (7)		
C.	Full Name (Last, First, Middle Initial)			Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address			Voter Drive Direct Candidate Support
	City	State Zip Code		Public Comm (ref to party only) by PAC
	District of District or Distri	•		Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:		Ammahamu-Amahad	
	Activity or Event Identifier:		Catacoul	
			Category/ Type	Date
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SI	JBTOTAL of Allocated Federal and NonFederal	Activity This Page		
	FEDERAL SHARE	+ NONFEDERA		TOTAL AMOUNT
TC	OTAL This Period (last page for each line only)(
	FEDERAL SHARE	NONFEDERA		TOTAL AMOUNT
	The second of the second secon			(4

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

Te	o be used by State, Sistrict and Local Party Committees Only) PAGE OF FORM 3X					
٨	NAME OF COMMITTEE (In Full)					
	Veterans for Liberty Tuper PAC					
	NAME OF ACCOUNT	DATE OF RECEIPT			UNT TRANSFERRED	
		S S W D S C				
	BREAKDOWN OF THIS TRANSFER					
	i) Voter Registration	\$#####################################	VOTER REGISTR			
İ	Total Amount Transferred for Voter	Registration	- S(1)	A server of the second of the second of		
	ii) Voter ID	***************************************		OTER ID	relacivity of VANNA	
	Total Amount Transferred for Voter	ID				
١			Sun Carrilland Daniel Com	GOTV		
l	iii) GOTV		and the state of t	A Comment of the Comm		
	Total Amount Transferred for GOT	<i>/</i>			,	
l	iv) Generic Campaign Activity		E	GENERIC CAM	PAIGN ACTIVITY	
	Total Amount Transferred for Gene	ric Campaign Activity		on Casa and Samuel Union Commenter		
	NAME OF ACCOUNT	DATE OF RECEIPT		TOTAL AND	INT TRANSFEREN	
	NAME OF ACCOUNT	DATE OF RECEIPT	in Bashachmandardardardard		UNT TRANSFERRED	
				in the second of		
	BREAKDOWN OF THIS TRANSFER		VOTER REGISTR	IATION		
	i) Voter Registration	2 -	and the section of th			
	Total Amount Transferred for Voter	Registration	and the action with the Complete			
	ii) Voter ID		Screensker Secretary	OTER ID		
	Total Amount Transferred for Voter	ID	landow's Thada	And Continued to the Control of the	······································	
	iii) GOTV		- paneta kom ineraken	GOTV		
	Total Amount Transferred for GOT	, V				
	in Committee Anticities		- RODIN TO A TO	GENERIC CAMI	PAIGN ACTIVITY	
	iv) Geræric Campaign Activity Total Amount Transferred for Gene	ric Campaign Activity		and an extension of the second		
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TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)						
	TOTAL This Period (Voter Registration)					
	Recommendation and Recommendation of the Commendation of the Comme					
	TOTAL This Period (Voter ID)	<u>.</u>		* 242 2 8 252		
	Commentation and the commentation of the comme					
	TOTAL This Period (GOTV)					
			7***	en transferantism med mension.	maleremikana Baserberenkerani	
	TOTAL This Period (Generic Campaign A	ctivity)	L			
	•			i rappisa amatsuman ba	negative grandstandstands and	
	TOTAL This Period (Total Amount of Transfers Received)					

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

EOD I	INE	300	OE	FORM	37

			<u></u>	
Neterans for Liberty Super PAC				
A. Full Name (Last, First, Middle Initial) / Full On			Type of Allocated Activity or Event:	
. To the reality (Thou, who did thinkey) To the Organization (Natio			Voter Registration GOTV	
			Voter ID Generic Campaign	
,			L Concre dampaign	
			Allegand Assister on France Value To Date	
Mailing Address			Allocated Activity or Event Year-To-Date	
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City State	Zip Code	Consideration and	Sacret Grand and Brand Sacret Country of the Sacret	
Purpose of Disbursement		Lancas Examedians and	MAM \ DEG \ XEARASA	
, albose of Dispulsement		Category/	Date	
		Туре	A LANGE CONTRACTOR CON	
FEDERAL SHARE +	LEVIN SHA	ARE	TOTAL AMOUNT	
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		e » «** «		
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B. Full Name (Last, First, Middle Initial) / Full Or	ganization Name		Type of Allocated Activity or Event:	
			Voter Registration GOTV	
			Voter ID Generic Campaign	
			<u> </u>	
Mailing Address			Allocated Activity or Event Year-To-Date	
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	75 0535		1 0 44 G 10 4WA NI 6 XP4 IX	
City State	Zip Code	Institution	Trendender Dranden Berlin er Senden Kraudensch	
Purpose of Disbursement		Category/		
		Type	Date Lander Land	
	15.00	<u> </u>		
FEDERAL SHARE +	LEVIN SHA		TOTAL AMOUNT	
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C. Full Name (Last First Middle Initial) / Full Or	-anization Name		Type of Allocated Activity or Event:	
C. Full Name (Last, First, Middle Initial) / Full On	gamzauon Name		Voter Registration GOTV	
·			Voter ID Generic Campaign	
			Generic Campaign	
			AN	
Mailing Address			Allocated Activity or Event Year-To-Date	
City State	Zip Code	Crackman a. 1.	Econol mandament North System States Through manufactured Decondenses of	
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Purpose of Disbursement		location diseased	Lama, / Lond / Lamana	
	•	Category/	Date	
		Туре	The second secon	
FEDERAL SHARE +	LEVIN SHA		= TOTAL AMOUNT	
from the release of t	mmalanna de mar Carantia en sina malan	actions/arms/min/fra		
		and made of these Man		
UBTOTAL of Shared Federal and Levin Activity This Page				
FEDERAL SHARE +	LEVIN SHA	ARE	TOTAL AMOUNT	
POLITICAL STATE	Programme for the contraction of			
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OTAL This Period (last page for each line only)(Fe	deral share to 30(a)(i) and	l Levin share to	30(a)(ii))	
FEDERAL SHARE			TOTAL AMOUNT	
			And the second s	
and the said made and the said made and the said and the	LEVIN SHA	ARE	i e e e i man de mande la completa e e e e e e e e e e e e e e e e e e	
And the property of the structure and the latest to the latest to the structure of the stru	Samulana Casadana das sécuritas			
OTAL This Period for the Levin Share				
	Brown Law Committee Ch	continuention di Discelle	mcl	

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full) VCHIANS For Liberty Super PAC				
NAM	E OF ACCOUNT			
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE	
1.	RECEIPTS FROM PERSONS			
	(a) Itemized(Use Schedule L-A)	and the foundation of the second seco	Superitrical small bounds considered the sollowed bound bound be selles and	
	(b) Unitemized	and the second		
	(c) Total			
2.	OTHER RECEIPTS			
3.	TOTAL RECEIPTS			
-	(Add Lines 1c and 2)		to the standard with a little of the little	
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)			
	(a) Voter Registration	and the second s		
	(h) Voter ID		Secure of American 1 or a consideration of the consideration of the consideration of the constant of the const	
	(c) GOTV			
	(6) GOTV			
,	(d) Generic Campaign			
	(e) Total	tercoule word houself live or land through the well made and live of the confidence		
5.	OTHER DISBURSEMENTS			
· 6.	TOTAL DISBURSEMENTS	and the state of t		
	(Add Lines 4e and 5)		Reason Strammer J. Commission of the Latence Strammer Control of the Control Strammer Control of the Control of	
7.	BEGINNING CASH ON HAND		The control of the co	
8.	RECEIPTS	riteral describerations and the second s	e en	
•	(from Line 3)	ere residence e de la calificia de la casa de manda de manda mendiana del disensa de la casa de la	Samuel and the Admir Committee and Demarks and Committee and	
9.	SUBTOTAL(Add Lines 7 and 8)		anna de antido de la Companya de la	
10.	DISBURSEMENTS			
	, ,			
11.	ENDING CASH ON HAND (Subtract Line 10 From Line 9)	and the state of t		

SCHEDULE L-A (FEC FUIII 3A)	Use separate schedule(s)	PAGE OF
ITEMIZED RECEIPTS OF LEVIN FUNDS	for each category of the Aggregation Page	FOR LINE NUMBER: 1a 2
Any information copied from such Reports and Statements may not or for commercial purposes, other than using the name and address		
NAME OF COMMITTEE (IN FUII) VETPLANS FOR LIGHTY SUPER PAC		
Full Name (Last, First, Middle Initial) //Full Organization Name A. Mailing Address		Date of Receipt
City State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business Occupation		Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Organization Name B. Mailing Address		Date of Receipt
Mailing Address City State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business Occupation		Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Organization Name C.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
Name of Employer or Principal Place of Business Occupation	Zip Code	Aggregate Year-to-Date
		And the standard of the standa
Full Name (Last, First, Middle Initial) / Full Organization Name D. Mailing Address		Date of Receipt
City State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business Occupation		Aggregate Year-to-Date
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only)		

SCHEDULE L-B (FEC Form 3X)

TEMIZED DISBURSEMENTS Use separate schedule(s) for each category of the Aggregation Page		4a 4c 5		
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) VI LIBERTY Super PAGE				
Full Name (Last, First, Middle Initial) / Full Örganization Name A.		Date of Disbursement		
Mailing Address				
City State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		and the section of th		
Full Name (Last, First, Middle Initial) / Full Organization Name B.		Date of Disbursement		
Mailing Address	·	N.C.N. / D.C. / P.T.V. V.		
City State	Zip Code ·	Amount of Each Disbursement this Period		
Purpose of Disbursement				
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Dishusament		
C.		Date of Disbursement		
Mailing Address				
City State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		The state of the s		
Full Name (Last, First, Middle Initial) / Full Organization Name D.		Date of Disbursement		
Mailing Address				
City State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement				
Full Name (Last, First, Middle Initial) / Full Organization Name E.		Date of Disbursement .		
Mailing Address		bereitsten beschon bereitsten beschon		
City State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Para ana Baraneri di sana (42) mana Amasa mada mana Filma ana di sana mana Baraneri (2) manandi sa a cari		
SUBTOTAL of Disbursements This Page (optional)		gramminger and processing and the second sec		
TOTAL This Period (last page this line number only)	•			

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(3/2005)